

Community Broadcasting Foundation

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Grant Application OB Equipment Grants

Form O.2

Closing Date: 1 April 2010

| | | | |
|--|---|-----------|--|
| 1. Station call sign: | | | |
| 2. Name of applicant organisation: | | | |
| 3. Name/s of partner organisation/s for this application: | | | |
| 4. Tick which kind of organisation you are: | <input type="checkbox"/> long term licensed community radio station <input type="checkbox"/> temporary licensed community radio station <input type="checkbox"/> community broadcasting association | | |
| 5. What is your Australian Business Number (ABN)? | | | |
| 6. Is your organisation GST registered? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 7. Postal address: | | | |
| | City/Suburb | | |
| | State: | Postcode: | |
| 8. Phone number: | Fax number: | | |
| 9. Contact person: | | | |
| 10. Position: | | | |
| 11. Email address of contact person: <i>so we can email acknowledgement of receipt of application.</i> | | | |
| 12. How much are you applying for? <i>(GST exclusive) maximum \$2,500</i> | \$ | | |

13. Application Checklist

Please tick the boxes to check your supporting material. You must provide all the required material for your application to be considered.

| | |
|---|---|
| <p>Grant information (check that forms are fully complete) send one copy each of:</p> <p><input type="checkbox"/> This Form O.2 <input type="checkbox"/> Any other supporting documents</p> | <p>Applicant information (you must include one copy each if not sent previously)</p> <p><input type="checkbox"/> Any overdue grant reports from previous CBF grants <input type="checkbox"/> Most recent Annual Report with audited annual financial statements <input type="checkbox"/> Certificate of Incorporation</p> |
|---|---|

In completing the following sections you may attach additional information not exceeding two A4 pages if appropriate.

14. Current outside broadcast technology – Describe the technology your station currently uses to produce outside broadcasts. Please indicate if your station has previously used Telstra ISDN lines.

15. How many outside broadcasts (OBs) did your station broadcast in 2009?

Please provide details of your last five outside broadcasts (if applicable).

| | OB Name/Description | OB Location | OB Date | OB Length (hrs) |
|----|----------------------------|--------------------|----------------|------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

16. How many outside broadcasts does your station plan to broadcast in 2010?

17. Projects Details – The grant is available to assist stations to purchase equipment to establish IP based outside broadcast equipment. Please describe what equipment will be required, how it will be installed and operated. You may wish to refer to the Manual for Outside Broadcast Equipment.

18. Personnel – What personnel will be involved and what will be their responsibilities?

19. Budget – Please provide a description and supplier quote for each equipment item.

| Equipment item | Purpose/description of how the equipment will be used | Amount (ex GST) | Quote attached |
|---------------------------|--|------------------------|--------------------------|
| Notebook computer | | \$ | <input type="checkbox"/> |
| USB broadband modem | | \$ | <input type="checkbox"/> |
| Setup ISP broadband costs | | \$ | <input type="checkbox"/> |
| Audio interface | | \$ | <input type="checkbox"/> |
| Audio streaming software | | \$ | <input type="checkbox"/> |
| Microphone | | \$ | <input type="checkbox"/> |
| Mixing Console | | \$ | <input type="checkbox"/> |
| | | \$ | <input type="checkbox"/> |
| Total | | \$ | |

20. Timeline – What is the timeline for purchase and installation of the equipment? Please provide details of your first IP based outside broadcast.

| OB Name/Description | OB Location | OB Date | OB Length (hrs) |
|----------------------------|--------------------|----------------|------------------------|
| | | | |

21. Alternative uses – What will the equipment be used for during periods when an OB is not scheduled?

22. DECLARATION

"I declare that to the best of my knowledge the information given in this application is true and accurate".

Station Manager / Board member

| | |
|------------|-----------|
| Signature: | Name: |
| Date: | Position: |

Send your application by the due date to the postal address at the top of the form.

Your Privacy - The Community Broadcasting Foundation (CBF) respects your right to privacy protection. Where personal information is supplied to the CBF it is used to assist in providing resources and other services to you and in meeting our responsibilities as the funding agency for the community broadcasting sector. To this end your personal information may be shared with other sector organisations and funding providers. You have the right to access to your personal information held by the CBF at any time. Complaints against the CBF's acts or practices in relation to privacy protection may be investigated by the Privacy Commissioner who has power to award compensation in appropriate circumstances. For more information please see our Privacy Policy at www.cbf.com.au or contact the Foundation's Executive Director on (03) 9419 8055 or by e-mail via exec@cbf.com.au.

We would be interested in any comments or suggestions you have about the CBF grants process. Please give us your feedback through the CBF website www.cbf.com.au.